M	ISSO	URI I	IVIO	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH =62-022157			
DEPA	MEMTER	IT OF 1	PV B L(C HEALTH AND WELFARE 43 Primary Registration District No. 3007- Registrar's No. 852. STATE FILE NUMBER	R		
DO NOT WRITE ON THIS STUB			_[=	1. PLACE OF DEATH 2.5 1952 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence (Where deceased lived.)	dence before		
VS 300	<u>e</u>	111			admission)		
Rev. 4/59	AMENDED		1-	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY OR	nside Limits		
, .	¥.	111	I_		ıs X No □		
0128	ш			HOSPITAL OR THE TRANSPORTER TO THE METERS AND ADDRESS.	side on Farm es □ No 🗖		
20671	DAT	$\bot \bot \bot$	_				
3 2			ı	3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) JEWELL SUMMERS SANFORD DEATH JUNE 12	Year		
4			-		1962 UNDER 24 HR		
5					ours Min.		
			-	0s. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHA	AT COUNTRY		
	<u> </u>	111	1_	SIGNALMAN RAILROAD MILBURN, KY. U.S	.A		
7 /			1	35. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE THOMAS SANFORD ADA SUMMERS CAROLYN E. SANFORD			
8 I	-		-	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address			
020.	€		- (YeYES or unknown) (If yes, giwwl or dates of servic VA. HOSPITAL RECORDS. POPLAR BLUFF	. M O		
	¥		'n −	1 18. CAUSE OF DEATH (Enter only one cause per line	AL BETWEEN		
	를 유	<u> </u>	¥	IMMEDIATE CAUSE (a) PNEUMONIA, BILATERAL	_		
11	EAD OF		DOCUMEN	AVD01170 DD01170			
آیاس 12				Conditions, if any, which gave rise to			
13 / - 0	INST TS	4-4-4		above cause (a), stating the under-lying cause last. DUE TO (c) CEREBRAL ENCEPHALOMALACTA			
	5		Įź	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the technical PART III. If deceased was	female was		
i			CERTIFICATION	disease condition given in PART 1 (a) There a pregnancy is there a pregnancy is there a pregnancy is the condition of the co	Unknown		
1			Ĭ	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of i			
5	5			PERFORMED?	•		
NO STATEMENT	- A	}	ş	20c. TIME OF Hour Month, Day, Year INJURY a.m.			
RIBBON	*		MEDI	p.m,			
BLACK INK OR RITER RIBBC				20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK	STATE		
	Q P						
USE BLAC OR IYPEWRITER	READ		-	21. / altertided the deceased from MAY 20, 1962 , to JUNE 12, 1962 and less same from MAY 20, 1962 , to JUNE 12, 1962 and less same from MAY 20, 1962 , to JUNE 12, 1962 and less same from MAY 20, 1962 , to JUNE 12, 1962 and less same from MAY 20, 1962 , to JUNE 12, 1962 and less same from MAY 20, 1962 , to JUNE 12, 1962 and less same from MAY 20, 1962 , to JUNE 12, 1962 and less same from MAY 20, 1962 , to JUNE 12, 1962 and less same from MAY 20, 1962 and less same from MAY			
USE	0.00				. DATE SIGNED		
	SHOULD		Ö	all sale hell he	6_12_62		
-	+			38. BURYAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county)	(State)		
	8		AFFIDA	REMOVAL (Specify) 6-15-62 ROSELAWN CEMETERY BAY & WELL KE	NTUCKY		
	E		BY A	1/12/10/14 20.0	ka.		
1	=		" 7	YAVIS Shelby, EAST MAINEMO 8/13/1766. Shelma XIII	jun -		
				(Licensed Embalmer's Statement on Reverse Side)			

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
vorking under my personal supervision.	
student	Signed low's Shelly fr.
Signature of Student Embalmer	
	Licensed Embalmer No. 4940
	P. O. Address ost flairie, F.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.